

PCT
JCZV Rec'd PCT/PTO 26 MAR 2002

S&H Form: PTO/SB/17 (2/01)

RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS	Attorney Docket No.	1454.1126																						
	Application Number	09/980,400																						
	Filing Date	December 3, 2001																						
	First Named Inventor	Christoph ROHE																						
	Group Art Unit																							
Title:	METHOD AND ARRANGEMENT FOR SPEECH CODING, USING PHONETIC DECODING AND THE TRANSMISSION OF SPEECH CHARACTERISTICS																							
<p>Pursuant to 37 C.F.R. § 1.497(a) and in response to the U.S. Patent and Trademark Office Notification of Missing Requirements mailed <u>January 29, 2002</u> for the above-identified application, enclosed are the following:</p> <p><input checked="" type="checkbox"/> RETURN COPY of Notification of Missing Requirements</p> <p><input checked="" type="checkbox"/> Executed Combined Declaration/Power of Attorney executed by the inventor for completing the missing parts of the subject application. The undersigned registered attorney states that the subject application is the application which the inventor executed by signing the attached Declaration.</p> <p><input type="checkbox"/> Formal Drawings (___ Sheets; Figs ____)</p> <p><input type="checkbox"/> English-language translation of application (with Translator's Statement (pages ____))</p> <p><input type="checkbox"/> Verified Statement Claiming Small Entity Status</p> <p>Enclosed is a payment of the following:</p> <table><tr><td><input type="checkbox"/> The filing fee as set forth in 37 C.F.R. § 1.16(a)</td><td>\$</td></tr><tr><td><input type="checkbox"/> The additional claim(s) fee (claims over 20)</td><td>\$</td></tr><tr><td><input type="checkbox"/> The additional independent claim(s) fee (claims over 3)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Multiple dependent claims</td><td>\$</td></tr><tr><td><input type="checkbox"/> Petition for Extension of Time (___-month)</td><td>\$</td></tr><tr><td><input type="checkbox"/> English language translation fee</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Surcharge as set forth in 37 C.F.R. § 1.16(e)</td><td>\$130.00</td></tr><tr><td>SUBTOTAL FEES:</td><td>\$130.00</td></tr><tr><td><input type="checkbox"/> Reduction by 50% for filing by small entity (37 CFR 1.27)</td><td>.00</td></tr><tr><td>SUBTOTAL FEES:</td><td>\$130.00</td></tr><tr><td>TOTAL FEES DUE:</td><td>\$130.00</td></tr></table>			<input type="checkbox"/> The filing fee as set forth in 37 C.F.R. § 1.16(a)	\$	<input type="checkbox"/> The additional claim(s) fee (claims over 20)	\$	<input type="checkbox"/> The additional independent claim(s) fee (claims over 3)	\$	<input type="checkbox"/> Multiple dependent claims	\$	<input type="checkbox"/> Petition for Extension of Time (___-month)	\$	<input type="checkbox"/> English language translation fee	\$	<input checked="" type="checkbox"/> Surcharge as set forth in 37 C.F.R. § 1.16(e)	\$130.00	SUBTOTAL FEES:	\$130.00	<input type="checkbox"/> Reduction by 50% for filing by small entity (37 CFR 1.27)	.00	SUBTOTAL FEES:	\$130.00	TOTAL FEES DUE:	\$130.00
<input type="checkbox"/> The filing fee as set forth in 37 C.F.R. § 1.16(a)	\$																							
<input type="checkbox"/> The additional claim(s) fee (claims over 20)	\$																							
<input type="checkbox"/> The additional independent claim(s) fee (claims over 3)	\$																							
<input type="checkbox"/> Multiple dependent claims	\$																							
<input type="checkbox"/> Petition for Extension of Time (___-month)	\$																							
<input type="checkbox"/> English language translation fee	\$																							
<input checked="" type="checkbox"/> Surcharge as set forth in 37 C.F.R. § 1.16(e)	\$130.00																							
SUBTOTAL FEES:	\$130.00																							
<input type="checkbox"/> Reduction by 50% for filing by small entity (37 CFR 1.27)	.00																							
SUBTOTAL FEES:	\$130.00																							
TOTAL FEES DUE:	\$130.00																							

Since the Notice to File Missing Parts of Nonprovisional Application set an original due date of __, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$110)); (2 months (\$400)); (3 months (\$920)); (4 months (\$1,440)); (5 months (\$1,960)):

METHOD OF PAYMENT

- ☒ Check enclosed as payment.
☐ Charge "TOTAL FEES DUE" to the Deposit Account No. 19-3935, below.

AUTHORIZATION

- ☒ If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees under 37 CFR 1.16 or 1.17 necessary to maintain pendency of the present application to:

Deposit Account No.: 19-3935

Deposit Account Name: STAAS & HALSEY LLP

SUBMITTED BY: STAAS & HALSEY LLP

Typed Name	Richard A. Gollhofer	Reg. No.	31,106
Signature	<i>Richard A. Gollhofer</i>	Date	3/26/02

03/29/2002 MALI11 00000046 09980400

01 FC:154

130.00 OP